

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000005669

Entity Name: ACA INC.**Current Principal Place of Business:**ONE INDEPENDENT DRIVE, SUITE 1200
JACKSONVILLE, FL 32202**Current Mailing Address:**ONE INDEPENDENT DRIVE, SUITE 1200
JACKSONVILLE, FL 32202**FEI Number:** 47-4217785**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CONTEGA BUSINESS SERVICES, LLC
ONE INDEPENDENT DRIVE, SUITE 1200
JACKSONVILLE, FL 32202 US*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DIRECTOR, PRESIDENT
Name	ALLEN, LEN W. JR.
Address	ONE INDEPENDENT DRIVE, SUITE 1200
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	FROATS, TODD G
Address	ONE INDEPENDENT DRIVE, SUITE 1200
City-State-Zip:	JACKSONVILLE FL 32202

Title	DIRECTOR
Name	ALLEN, DANA
Address	ONE INDEPENDENT DRIVE, SUITE 1200
City-State-Zip:	JACKSONVILLE FL 32202

Title	VP
Name	MCAFEE, MATTHEW S.
Address	ONE INDEPENDENT DRIVE, SUITE 1200
City-State-Zip:	JACKSONVILLE FL 32202

Title	SECRETARY, TREASURER
Name	ALVARADO, JENNY
Address	5900 FORT CAROLINE ROAD
City-State-Zip:	JACKSONVILLE FL 32277

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: MATTHEW S. MCAFEE

VICE PRESIDENT

03/21/2017

Electronic Signature of Signing Officer/Director Detail_____
Date